

# Western Montana MENTAL HEALTH CENTER

Regional Administrative Offices  
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Dear Interim Committee Members,

Western Montana Mental Health Center (WMMHC) is a Community Based Mental Health and Substance Use Disorder Treatment Center which offers the vast array of comprehensive safety-net services that impact the social, health and economic wellbeing of the communities we serve. We assist over 15,000 individuals, employ over 750 staff in 16 western counties and run an operational budget in the 40 million dollar range. Our economic impact is far reaching.

WMMHC has been driven by an unwavering commitment to ensure that individuals have access to care and communities can depend on a partner that can assist them in developing efficiencies to counties and their tax paying constituents. We have achieved this goal by being willing to develop programs addressing unmet community needs such as building crisis stabilization centers - some with emergency detention capabilities - mobile crisis teams, Crisis Intervention Training (CIT) with law enforcement, substance abuse inpatient centers, women's and children's homes, jail diversion programs and Drop-In Centers. These are all programs that defray costs for other public entities, and frankly support the work of other non-profit agencies.

WMMHC has attempted - too many times to count - to partner with the Department of Public Health and Human Services representatives and offer ideas regarding the EPP process, impending concerns as it relates to the budget and model development, and developing efficiencies for both providers and our constituents. In general, we have been rebuffed at every turn, and often are left in the dark- being relegated to a reactionary role of having to fix a problem, train a state employee or lose money due to the uneducated decisions being made that impact our work and those we serve. These specific proposed cuts came as a complete surprise as we have once again not had the opportunity to come to the table for a transparent discussion, engagement and collaboration that could lead to a more informed and productive solution to the budgetary realities.

WMMHC understands that we are experiencing challenging fiscal times and are willing to share in shouldering a portion of the fiscal burden. Although we will work on absorbing a certain percentage cut to rates, we want to be assured that we DO NOT shoulder the burden of unreasonable cuts that will affect the most vulnerable population. **Concerns we have regarding the proposed percentage cuts:**

- Why are Providers faced with cuts above the 1% stated in SB 261?
- Who determined and through what studies was it found that the proposed rate cuts would not affect the efficiency, economy and quality of care?



- Why are we not being asked to partner in deliberations and decisions that impact our organizations and those we serve? Yet, we are left to bear the full and significant weight of decisions being made?
- We are already extremely challenged in recruiting healthcare professionals, and this cut will further cripple our ability to offer required salaries and benefits and/or compete with entities such as the State of Montana, FQHC's, Hospitals and the VA system- all who receive federally enhanced funds.
- A time study was conducted in regards to what the reimbursement rate for case management should be. Why is this not being considered?
- This proposal, without a plan, shifts the monies to a higher level of cost. There is NO evidence to support a decrease in utilization and cost.

The Case Management Proposed Rule is one we will continue to vehemently oppose. You should not consider "gutting" case management without a plan to ensure the continuity of the outcomes achieved through the provision of case management services. We stand ready to partner with the state and have asked for the partnership on many occasions. Most recently the Behavioral Health Alliance of Montana convened a meeting, invited the state and worked on strategies. The planned document is attached to this e mail. We stand ready to assist with the development of a plan in order to curtail current unintentional consequences that these proposed rules are already creating.

**The proposed rules for the cuts to Case Management will create harm in our communities, and the proposal raises these specific concerns:**

- Again, why ignore the research of the time study in regards to the cost of case management services?
- The significant cut to case management creates a "double whammy" for our organization, a reimbursement cut that will not support current cost of living – this will be in issue for staff retention. This cut further exacerbates our inability to meet the cost of living or livable wage.
- Case Management costs less than institutional care. It allows for the coordinated efforts of various services, whether government, nongovernmental or private, ensuring the interface between them functions properly. With limited services, people will enter into higher levels of care, creating higher costs alongside ineffective care and inefficiencies. We will not be able to build enough hospital emergency rooms, shelters or jails. It is unethical and poor management to consider further institutional beds.
- Costs of care will be moved to counties and other local community agencies.

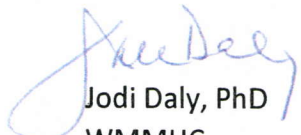
**Solutions to be considered in regards to the case management rules:**

- Utilize the sole source statute now and regionalize case management services, giving providers and the state time to work on an appropriate plan of care, and
- Discontinue the case management rule proposal and initiate the same cuts as the rate cut proposal to case management, again until a new model can be initiated and implemented.

We know that community treatment located close to home near community and natural support systems is more humane and more effective than institutional care. WMMHC has developed a range of approaches to serve people at the right time, in the right place, referring to the right program. Access to hope and better outcomes while treating people in the least restrictive setting is what we are here for. However, transformation takes collaboration, government engagement and persistence. It includes the willingness of government to change policy, funding and actions. **Without strong partnerships, inadequate mental health policies become adopted as public health policy and DO NOT meet the needs of the individuals we serve.** The lack of partnership also increases cost and creates inefficiencies.

Make the hard decision and continue to oppose these rules, and force government representatives as well as the providers into working with one another. Providers need your assistance to stop the marginalization of their contributions, knowledge and experience. We are counting on you and so are the communities we serve.

Sincerely,

  
Jodi Daly, PhD  
WMMHC  
CEO